

# **MONEY TRANSMITTER LICENSE RENEWAL**

## **NOTICE OF MONEY TRANSMITTER LICENSE EXPIRATION**

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**Please read carefully and complete the attached application.**

Pursuant to Kentucky Revised Statutes Chapter 286.11-021(3), all **LICENSES** obtained under this chapter **EXPIRE September 30<sup>th</sup>** after the date of issuance **unless renewed**.

A license may be renewed by filing the enclosed application with the Department and paying the annual renewal fee of \$500.

(Please make the check payable to “**KENTUCKY STATE TREASURER**”.)

**The application and payment must be received by the Department on or before September 20<sup>th</sup>. If not received by that date, the license shall expire on September 30. Note: the Commissioner MAY reinstate the license within thirty (30) days of the expiration if the licensee becomes compliant and pays a civil penalty of \$500 in addition to the \$500 annual renewal fee.**

Also, as always, any new legislation that may have passed during the last Legislative Session may be viewed at [www.lrc.state.ky](http://www.lrc.state.ky).

Please submit the required information/fees and direct any questions regarding this renewal to:

**Rodney Gabbard**  
**Department of Financial Institutions**  
**1025 Capital Center Drive, Suite 200**  
**Frankfort, Kentucky 40601**  
**(502) 573-3390**  
**[Rodney.Gabbard@ky.gov](mailto:Rodney.Gabbard@ky.gov)**  
**[www.kfi.ky.gov](http://www.kfi.ky.gov)**

# **MONEY TRANSMITTER LICENSE RENEWAL APPLICATION**

**KENTUCKY DEPARTMENT OF FINANCIAL INSTITUTIONS  
1025 CAPITAL CENTER DRIVE, SUITE 200  
FRANKFORT, KENTUCKY 40601  
502-573-3390**

Application is hereby made for the **renewal** of the following Money Transmitter License under Kentucky Revised Statutes Chapter 286.11.

**1. Name and Address of the licensee as it appears on the license:**

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2. Telephone Number: \_\_\_\_\_

3. Federal Tax I.D. Number: \_\_\_\_\_

4. **E-Mail** address: \_\_\_\_\_

5. **WEB** address : \_\_\_\_\_

6. Please submit a copy of the licensee's most recent audited annual financial statement, or if the licensee is a wholly owned subsidiary of another corporation, the most recent audited consolidated annual financial statement of the parent corporation.

7. For the most recent quarter for which data is available prior to the date of the filing of the renewal application, but in no event more than one hundred twenty (120) days prior to the renewal date, please submit a list of the number of payment instruments sold by the licensee in Kentucky, the dollar amount of those instruments, and the dollar amount of those instruments currently outstanding.

8. Have there been any material changes to any of the information submitted by the licensee on its original application which have not previously been reported to the Department? \_\_\_\_\_ If yes, please describe fully on a separate sheet. Types of reportable changes include, but are not limited to, the following: company name; ownership; physical/mailling/records location addresses; phone and fax numbers; identity of responsible individual; good standing status in its state of organization or its authorization to conduct business in this state; identity and address of the licensee's registered agent; identity and address of the licensee's clearing banks; material terms of agent contracts; and any of the following related to either the licensee or the responsible individual -- any criminal convictions, any material litigation, any disciplinary actions taken by a regulatory agency, and any bankruptcy, reorganization or receivership proceedings. You must keep the Department informed at all times so our information for the company is always current and complete.

9. Please submit a list of the licensee's permissible investments and the book or market value of such investments as of the most recent audited financial statement and as of the date used in response to Item No. 7. Also include the licensee's aggregate amount of all outstanding instruments for the above dates and a certification that the licensee continues to maintain permissible investments according to the requirements set forth in KRS 286.11-015.
10. Please submit a list of the locations, including names, physical addresses, telephone number, fax number, and contact person in this state where the licensee or agent of the licensee engages in money transmission. An electronic list of all agents is **required**. An Excel spreadsheet is preferred; however, we would accept any 'delimited' type file (coma, tab, etc...).
11. Please provide a copy of the surety bond, current invoice and proof of payment or copies of current safekeeping receipt(s) for securities pledged as a deposit in lieu of the bond as proof that the licensee continues to maintain adequate security as required by KRS 286.11-013.
12. Please list name, direct phone number, and email of person to contact for:

A: Licensing\_\_\_\_\_

B: Regulatory/Compliance\_\_\_\_\_

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I, \_\_\_\_\_, hereby swear or affirm that I have executed this application for renewal of license and that the information contained herein is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name, title

Notary Public  
State at Large

Subscribed and sworn to before me by \_\_\_\_\_ this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires: \_\_\_\_\_.